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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	13449US06
	First Inventor	Agazzi
	Title	METHOD, APPARATUS AND SYSTEM FOR HIGH-SPEED TRANSMISSION ON FIBER OPTIC CHANNEL
	Express Mail Label No.	EL 848970377 US

22388 U.S. PTO
10/713449

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>33</u>] (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>18</u>] 5. Oath or Declaration [Total Sheets <u>2</u>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input checked="" type="checkbox"/> Copy of Assignment from parent 09/693,709 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of (when there is an assignee) Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b) (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 09/693,709

Prior application information:

Examiner: T. GhebretinsaeArt Unit: 2631

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number:	<u>23446</u>	OR <input type="checkbox"/> Correspondence address below
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax
Name (Print/type)	John A. Wiberg	Registration No. (Attorney/Agent)
Signature		Date
		November 14, 2003



17621 U.S. PTO

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
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FEE TRANSMITTAL for FY 2004 Patent Fees are subject to annual revision.		Complete if Known		
		Application Number	unassigned	
		Filing Date	herewith	
		First Named Inventor	Agazzi	
		Examiner Name	T. Ghebretinsae	
TOTAL AMOUNT OF PAYMENT (\$)		856.00	Attorney Docket No.	13449US06

METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES	
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
FEE CALCULATION			
1. BASIC FILING FEE Large Entity Small Entity Fee Code Fee Code Fee Description Fee Paid 1001 770 2001 385 Utility filing Fee 770.00 1002 340 2002 170 Design filing Fee 1003 530 2003 265 Plant filing fee 1004 770 2004 385 Reissue filing fee 1005 160 2005 80 Provisional filing fee SUBTOTAL (1) (\$770.00)			
2. EXTRA CLAIM FEES Total Claims 14 - 20** = 0 x 18.00 = 0.00 Independent Claims 0 - 3** = 1 x 86.00 = 86.00 Multiple Dependent 0 = 0.00 Large Entity Small Entity Fee Code Fee Code Fee Description Fee Paid 1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 **Reissue independent claims over original patent 1205 18 2205 9 **Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$86.00)			
**or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$0.00)	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	John A. Wiberg	Registration No. (Attorney or Agent)	44,401
Signature		Telephone	312 775 8000
		Date	November 14, 2003

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